



**City of Novi**  
**Parks, Recreation and Cultural Services**  
**Volunteer Application**

Novi Parks | 45175 W. Ten Mile Road | Novi, MI 48375 | 248.347.0400  
 Novi Senior Center | 25075 Meadowbrook Road | Novi, MI 48375 | 248.347.0414  
 Email: noviparks@cityofnovi.org

**Please complete the entire application (both sides in legible printing).  
 Incomplete and / or unsigned applications will not be processed.**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Name previously used: \_\_\_\_\_ Are you 18 years old? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Volunteer Position Preference:** (check one or both boxes/write in choices from attached volunteer opportunities)

Novi Senior Center Special Events / Programs     Novi Parks Special Events / Programs

Days Available (check all that apply):  Mon    Tues    Wed    Thurs    Fri    Sat    Sun

Number of hours per week: \_\_\_\_\_ Dates available: \_\_\_\_\_

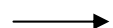
Times available: \_\_\_\_\_ Are you a new volunteer: \_\_\_\_ Yes \_\_\_\_ No

If no, what have you previously volunteered for: \_\_\_\_\_

How did you hear about the opportunity to volunteer? \_\_\_\_\_

Why would you like to volunteer?

Describe any special skills or other volunteer experiences you may have:



**References:** those you have known at least one year (no family members please)

Name	Address	Telephone	How they know you:

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**Volunteer Waiver:**

- I certify that the information in this application is true and complete. I release any person(s) or company(ies) named on this application to provide information regarding me and I release them from all liability in doing so.
- I agree and consent to serve as a volunteer with Novi Parks and further agree that I am not to be regarded as an employee of Novi Parks.

Signing below indicates that you agree to all items in the application and you will uphold the Novi Parks philosophies and rules.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**  
(if under 18 years of age)

**Office Use Only:**

Date Reviewed: \_\_\_\_\_ Approved ( ) Denied ( )

Date Background Check Submitted: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_